

Population Services International Afghanistan

CONTRACEPTIVE MARKET ASSESSMENT Kabul and Herat March 2003

SUMMARY REPORT

March 2003

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For Population Services International



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i. EXECUTIVE SUMMARY

The Contraceptive Market Assessment took place during the month of April, 2003. The assessment was implemented by Population Services International (PSI) and supported by USAID and the Gates Foundation. The study was commissioned to gather information to assess the size and efficiency of the contraceptive market in Afghanistan prior to the launch of a USAID and Gates Foundation funded nationwide contraceptive social marketing programme – to be implemented by PSI under the auspices of the Ministry of Health.

The assessment's key objective was to identify gaps and weaknesses in the market that the social marketing programme could address and strengthen to reduce maternal and infant mortality rates nationwide. Information was gathered on contraceptive availability, price, source, sales volumes, point of sales materials, mark-ups on products (by retailers), and unmet demand for contraception among wholesalers, pharmacies (retailers), convenience stores and street vendors.

A questionnaire was administered to 363 urban and 158 rural outlet managers/owners in the provinces of Kabul and Herat – the two major markets and wholesale centers in Afghanistan. This quantitative exercise was complemented by semi-structured interviews with wholesalers and retailers in April 2002 and March 2003. Fieldwork took ten days after which four days were spent inputting data for analysis. Information was collected on condoms, oral contraception and injectable contraception. Findings in this document are presented by product type.

The Condom Market:

Condoms are significantly more available in convenience stores and street vendors than they are in pharmacies. Interviews with pharmacists suggest that they are cautious to sell contraception as they are unsure of the product's legality under the interim administration. In Kabul City only 21% of pharmacies (N=91) sell condoms compared to 68% of convenience stores (N=73) and 78% of street vendors (N=27). The picture is similar in Herat City although the sample size of convenience stores (N=10) there is too small to draw any significant conclusions from. In Herat City 6% of all outlets (N=182) sell condoms. Only 3% of pharmacies sell condoms. In rural pharmacies in Herat Province (N=58) no condoms were found at all; in rural Kabul Province 19% of pharmacies sell condoms. Condoms are significantly more available in urban and rural Kabul than they are in Herat.

Sathi condoms have the largest market share in both Herat and Kabul. In Kabul 85% of condom sellers sell this brand. *Sathi* is produced in Pakistan by the social marketing group SMP. Other condom sales are insignificant and although the MOH/UNFPA free condom brand does appear on the Kabul market (albeit in only a few outlets) it is not available in the Herat market.

Most condom sellers (urban and rural) purchase condoms from the main market in Kabul and not the wholesale centre of Parwan Hotel. This was confirmed by wholesalers who report that sales vary between only 36-180 condoms per week. Only 20% of wholesalers sell condoms in Kabul. In Herat no wholesalers interviewed (N=11) sell condoms.

Most retailers purchase condoms for 1 Afghani (Af) per condom and sell to the customer for 1.5-2 Afs per condom. One suspects that this mark-up of 50-100% is mainly due to the fact that there is no note denomination below the 1 Afghani note. Retail sales of condom appear to be reasonably high with 42% of condom sellers selling more than 35 condoms a week.

The Oral Contraceptives Market:

Contrary to the condom market oral contraception is sold only through pharmaceutical wholesaler and retailer outlets. Furthermore, availability and sales volumes of OCs are significantly greater in Herat than they are in Kabul.

In Kabul City 28% of pharmacies (N=91) sell OCs. In Kabul Province (rural) 35% of pharmacies (N=26) sell OCs. In the Parwan Hotel wholesalers complex 26% of wholesalers (N=19) sell OCs. The picture is much different in Herat where 86% of urban pharmacies (N=146) and 76% of rural pharmacies (N=25) sell OCs. In Herat City 73% of OC sellers sell more than one brand. In the wholesale sector of Herat 9 out of 10 wholesalers sell OCs.

Contraceptive LD, produced in Iran, and Nova, produced in Pakistan, are the most available OCs on the Afghan market. These are the only two OCs found in rural pharmacies. Other OCs found come from Pakistan, Canada, Iran and the USA. No freely distributed public sector pills were found on the market in either Herat or Kabul. Although no OCs had expired packaging on most was of poor quality with strips punctured and ripped, and pills crushed in many cases. Of the eleven brands available none are accompanied by instructions and only two (from Iran) have Dari writing on the pill strips.

Retailers report mark-ups of 20-25% on OCs and wholesalers report 20%. The average cost of a one month cycle of OC in Kabul is 9 Afs, compared to 7 Afs in Herat. Sales of OCs are greater in Herat, where wholesalers report selling 120-550 cycles per week compared to 30-300 cycles per week being sold by Kabul wholesalers.

The Injectable Contraceptives Market:

As with OCs, ICs are only available in pharmacies. Again sales are greater and ICs more available in Herat. Only 18% of Kabul City pharmacists (N=91) sell ICs compared to 32% of Herat City pharmacists (N=54). The picture is similar in rural pharmacies with 19% of pharmacies in Kabul Province (N=26) and 56% of rural pharmacies in Herat Province (N=25). One out of four wholesalers in Kabul and one of every two pharmacies in Herat sell ICs.

In Kabul, Depo Provera 150mg (Belgium and Holland) is the most available IC, while Nova injectables are most available in Herat. None of the ICs found in Kabul and Herat have Dari or Pashtu script on the packaging or vial. One vial of Nova costs the end-user 25Afs and one vial of Deperovera costs 22Afs. Amongst city pharmacists the most common mark-up is 20-25%. City pharmacists report selling 2 vials per week – sales volumes are lower in rural areas. Wholesalers make a 20% mark-up and sell 50-200 vials per week.

Unmet Demand for All Contraceptives:

Unmet demand is high among customers in Kabul City and Herat City, with 80% of non-sellers of contraception (all types of outlets, N=84) reporting that customers ask them for contraception in Kabul City, and 93% of non-sellers (N=29) in Herat reporting the same. Of non-sellers in Kabul 64% want to sell contraception, and in Herat 96% report they want to sell contraception. Of pharmacies not selling contraception in the centers 67% of pharmacies not selling contraception in Kabul want to sell contraception, and 95% want the same in Herat. More detail regarding unmet demand by contraceptive type and by rural and wholesale sectors and provided in the body of the report.

Point of Purchase Materials:

None of the pharmacists (wholesalers and retailers), convenience store managers or street vendors interviewed during this assessment had ever received product related materials to support sales. None had

any educational or informational materials of any kind. Furthermore, none of the pharmacists had attended training by companies or organizations distributing the brand they sell, nor had any of them received a visit from a salesperson to promote a product or inform them of its uses. The only materials found on the market were calendars from Pakistani companies – most of these had no products shown on them and contained no information about the products they manufacture. All were in the Urdu language.

I. BACKGROUND

This report presents findings of a Contraceptive Market Assessment that took place in April 2003. The assessment¹ was conducted in order to provide an initial profile of the of the contraceptive market in Afghanistan prior to the launch of a condom social marketing project, supported by USAID and the Gates Foundation, and implemented by Population Services International (PSI). With a health impact goal of reducing maternal and child mortality rates the PSI programme aims to expand social marketing of products and behaviour change communications to promote family planning nationwide.

II. INTRODUCTION

This assessment is interested in establishing the size and characteristics of the contraceptive market by collecting data on contraceptive availability, prices, mark-up by retailers and wholesalers, sales volumes, quality and source. Data were collected on all commercial brands and public sector brands found on the market. The data will enable PSI to compare distribution of social marketed brands with that of other brands, and to assess whether the social marketed product is filling gaps in the market. The data is also useful in informing the social marketing project on overall contraceptive market growth. Information obtained through the assessment also includes the level of unmet demand for contraception by retailers. Fieldworkers also surveyed the market for point of sales materials and other product supportive health information material. In addition to providing useful information on the current contraceptive market, the assessment enables PSI to measure the effectiveness of the commercial distribution systems on which the social marketed products will rely. Such information can be used to compare the availability of condoms with other staple goods, which is particularly useful if the distribution of all goods is poor in some areas or has been affected by a crisis.²

III. THE COMMERCIAL PHARMACEUTICAL NETWORK

¹ This rapid assessment provides an initial look at the market – it is not as comprehensive as a typical Distribution Survey which PSI uses in many countries (and intends to use in Afghanistan) to establish the size and effectiveness of the distribution network after social marketed brands are launched.

² The 2004 Distribution Survey will use the “Berman Index of Availability” to compare the distribution of social marketed goods with other staple household goods.

The commercial market sector is thriving in Afghanistan. By all accounts the private/for-profit sector is growing rapidly, mostly due to improved security status in many provinces. Confidence to start new businesses, such as pharmacies, is higher than it has been for many years.

Pharmacies and drug sellers are reported to be flourishing beyond Kabul and other major urban centers. There are 5,516 registered pharmacies in Afghanistan - and the Department of Legislation suspects the actual figure may be 20 to 25 percent higher. The number of pharmacies is increasing rapidly, particularly since the interim government was installed and refugees have had the confidence to return in the tens of thousands. According to the Department of Legislation data, registered pharmaceutical outlets in Afghanistan appear to be well distributed geographically. Many pharmaceutical outlets are located in rural and hard-to-reach communities and most are well stocked with supplies from neighboring countries, supported by a healthy network of importers and wholesalers in the major cities. However, despite the size and reach of the commercial pharmaceutical network, 75 percent of pharmacists are untrained, and it is estimated that at least 30 percent are illiterate.³ Interviews with pharmacists indicate that, on top of this lack of capacity, the pharmacist can rarely provide support or advice on drug use or effects, other than the information he may be able to read and/or translate from the packaging.

A recent Management Sciences for Health Survey (MSH) study⁴ surveyed 1,445 pharmacies⁵. Concurring with other evidence, the survey concluded that pharmaceutical distribution is well developed in Afghanistan. Although the market is vibrant, the MSH study found that it is poorly regulated, and that the role of the government is minimal. The study found that pharmacists would like more government intervention, particularly in respect to quality of drugs and the promotion of local drug production.

IV. METHODOLOGY

The Contraceptive Market Assessment 2003 was undertaken in the Provinces of Kabul and Herat in March 2002. The study randomly sampled a total of 363 urban outlets and 158 rural outlets to gather a

³ Estimates provided by the Director of the Department of Pharmacy, Kabul University - April 2002.

⁴ *Afghanistan National Health Resource Assessment – Preliminary Results*, November 2002. MSH, UNFPA, USAID, EC, JICA, Hands.

⁵ Convenience sampling was conducted – one or two pharmacies that fieldworkers could ‘see’ from public sector health facilities were selected for interview - these pharmacies may therefore not display characteristics of those not within such close proximity to public health service providers.

profile of the contraceptives market in Afghanistan. Information was gathered on availability, source, price, quality and sales volumes of condoms, oral contraceptives and injectable contraceptives on the Afghan market. Findings concerning levels of unmet demand/need for contraception are also presented in the next section.

1. Identifying Survey Target Area and Outlets

The assessment sampled pharmacies, convenience stores and street vendors. These types of outlets are deemed most likely to sell contraceptives based on information provided by PSI local staff and local traders and wholesalers. The programme may find in time that there are other commercial outlets for contraceptives that may need to be included in future market studies.

Urban and rural areas of the provinces of Kabul and Herat were identified as target areas for the assessment. These provinces were selected due to reports by wholesalers that they provide pharmaceuticals to over 70% of the pharmaceutical market (no pharmaceutical distributors operate inside Afghanistan). Should there have been more security for travel and more time, the survey would have also selected the cities of Mazar-e-Sharif and Qandahar – said to serve those areas not reached by Kabul and Herat.

2. Selecting Interview Locations and Outlets

Kabul:

In Kabul provincial centre and the nation's capital, Kabul City, 7 districts were randomly selected as sample target areas. In each district pharmacies were selected at random from a list provided by the Department of Legislation. Street vendors and convenience stores that were passed by fieldworkers between pharmacies were selected for interview. This form of sampling method was deemed most appropriate, as street vendors and convenience stores have not been mapped, and this study did not allow for the opportunity to do so.

Outside Kabul City all provincial districts were selected as target areas. Within these districts only villages outside the district centers were selected at random. Population Proportional

Sampling (PPS) was used to determine the number of villages selected within each district. In each village every pharmacy, street vendor and convenience store was selected for interview.

Herat: The same sampling methodology was used in Herat City and Province. In the city, 4 districts were selected and in the province 7 districts were selected as target areas. District centers were not included in village selection as the survey aimed to gather information from rural and hard-to-reach locations.

It is expected that future Distribution Surveys will incorporate sampling of other types of outlets and other sample target markets to develop a more comprehensive overview of the Afghan contraceptive market.

3. Fieldwork Strategy

The Field team and Training:

A five person fieldwork team was selected from a pool of fieldworkers used by partner NGOs in Kabul. The team was trained over a period of two days on the questionnaire, interviewing techniques and the sampling methodology. Two supervisors were selected to check questionnaires at the end of each day in the field. Fieldworker interviewing techniques and comprehension of the questionnaire were tested by the PSI Research Coordinator at the end of the training. The questionnaire was pre-tested on a third day, before fieldwork commenced.

Conducting the Interviews:

After selecting an outlet, the interviewer approached the person working there and introduced themselves. The interviewer then asked to speak to the owner or manager. In the event that the owner/manager was not present the interviewer administered the questionnaire to the most senior person involved with the outlet who was present at that time. There were no refusals during fieldwork.

4. Data Entry

Data entry was performed over a one-week period using SPSS 10.1 software. Data was cleaned and processed in-house at the PSI office in Kabul.

V. FINDINGS

1. The Condom Market

1.1 Availability

Kabul:

In Kabul City 22% of pharmacies sell condoms. In rural districts of Kabul Province (outside district centers) only 19% sell condoms⁶. In support of these findings regarding condom availability the MSH survey of 1,445 pharmacies⁷ nationwide found that although common essential drugs are widely available - over 90% of pharmacies sold Paracetamol, Cotrimoxazole, ORS, Chloroquine and Mebendazole - condom availability was reported as being 'poor' (% is unreported) despite the private sector supply system being efficient.

Herat:

⁶ Though speculative, it may be fair to suggest that due to its proximity to Kabul City Kabul Province may display higher condom availability than most other rural areas of the country (with the possible exception of rural areas bordering Pakistan).

⁷ *Afghanistan National Health Resource Assessment – Preliminary Results*, November 2002. MSH, UNFPA, USAID, EC, JICA, Hands.

In Herat City only 3% of pharmacies (N=169) sell condoms. Of all outlets surveyed in Herat City (including convenience stores and street vendors) 6% sell condoms. Although the sample is too small for conclusions to be drawn, 3 of the 10 convenience stores visited sell condoms. In rural Herat Province (N=58) and in the main wholesaler centre (N=11) of Herat City no condoms were found at all.

1.2 Condom Brands Available

Kabul:

Of the three condoms available on the Kabul market the largest condom market share belongs to *Sathi* condoms – with 85%. These condoms are social marketed for Pakistani families and are sold in Afghanistan above their recommended Rupee retail price. Public sector free distribution condoms were also found on the market, but availability and sales are insignificant. It is possible that more of these condoms could be found in markets near returnee and internally displaced refugee camps in Afghanistan – where most of the distribution takes place. Only the recently social marketed Marie Stopes International condom brand *Aramesh* has any Dari or Pashtu script on the packaging or instructional insert. Most outlets that have heard of Aramesh believe this condom is marketed for Indian communities in Afghanistan due to the depiction of a turbaned man on the packaging.

Herat:

Of the 11 outlets found selling condoms in Herat City and Province *Sathi* condoms were sold in 9 outlets, the UNFPA/MOH condom was sold in 1 outlet and an Iranian (unbranded) condom was sold in 1 outlet. Condom availability is so low in the city and province of Herat that no further analysis of the condom market at that location can be said to provide useful and reliable information.

1.3 Condom Sales by Outlet Type

In urban areas both convenience stores and street vendors are significantly more likely to sell condoms than pharmacies. From structured interviews it is apparent that most pharmacies do not sell contraception, despite demand among customers, because they are unsure about product quality and legality of sales. The Taliban regime outlawed sales of

all birth spacing products on the market and it appears that the pharmaceutical market has been particularly cautious to begin sales again.

The major condom brand on the Afghan market, *Sathi*, is mostly sold through non-pharmaceutical outlets. In Kabul 68% of convenience stores sell *Sathi*; of 27 street vendors 78% sell condoms (compared to 22% of pharmacies). Of the 75 *Sathi* selling outlets only 1 outlet buys condoms from the main pharmaceutical wholesale centre of Kabul City, Parwan Hotel. All other condom sellers purchase condoms from the central market in Kabul – mainly through convenience stores, traders and street vendors. This would indicate that there is a significant demand for such products – people are buying condoms despite having to purchase them in public areas such as a busy convenience store, or an even more exposed street vendor.

1.4 Source of Condoms

In support of this survey a study was undertaken in the Parwan Hotel area of Kabul City, where the vast majority of pharmaceutical wholesalers operate (approximately 80 wholesalers are gathered in this area). The study confirmed that condom sales through the pharmaceutical network are significantly lower than those through the non-pharmaceutical market. In Kabul City only 22% of pharmacies (21/97) sell condoms. The Parwan Hotel study found that only 1 in 5 wholesalers sell condoms. Furthermore, the study found that sales varied between 36-180 condoms per week, which is not significant considering that Parwan Hotel wholesalers serve most of the Eastern and Northern pharmaceutical network of the country.

In rural outlets the survey found that all condoms are purchased from the central market in Kabul City – no rural retailers in Kabul Province purchase condoms from the distributors in the Parwan Hotel.

1.5 Price, Mark-Ups and Sales Volumes

Of all outlets selling condoms (N=94) 47% sell at 6 Afs or higher for a 3 or 4 pack (1.5-2 Afs/condom). Most (86%) retailers purchase a pack of condoms (3 or 4 pcs.) at 4 Afs or less. From these approximate prices it is apparent that retailers are making 0.5-1.0 Afs per condom sale – a mark-up of 50-100%. An examination of *Sathi* sellers (N=75) also shows

a mark-up of 50-100% for retailers; among 57% of retailers purchasing Sathi for 3 Afghanis or less, 27% sell to end-users/customers at 8 Afs, 24% sell at 4 Afs and 21% sell at 5 Afs.

In Kabul, sales of condoms appear to be reasonable with 42% of condom sellers selling more than 10 packets (30-40 condoms) a week. However, pharmacies show significantly fewer sales than convenience stores.

Although data is unclear on condom pricing in rural areas (due to an insufficient sample size for reliable analysis (N=23)) data suggests that the average cost per condom for the end-user/customer is 2 Afghanis. Sales data is equally circumspect with approximately 50% of condom sellers selling over 10 packs of condoms per week. Most retailers in rural areas purchase condoms at a price of 1 Afghani/condom.

2.0 The Oral Contraceptive Market

2.1 Availability

Kabul:

Oral contraceptives (OCs) are only available in pharmacies in Kabul City. No convenience stores or street vendors surveyed sell OCs. Of the 94 pharmacies sampled in this market survey 26 (28%) sell OCs – with only 7 pharmacies selling more than one brand.

In rural areas the picture is similar, with OCs only being available in pharmaceutical retail outlets. Of the 26 pharmacies sampled in rural Kabul Province only 9 sell OCs (35%). Of 19 wholesalers interviewed in Parwan Hotel only 5 sell oral contraception (26%).

Herat:

Of 169 pharmacies visited in Herat City 146 (86%) sell OC. Of OC sellers, 73% sell more than one brand of OC. None of the convenience stores or street vendors surveyed sell OC. In rural (provincial) Herat OCs are only available in pharmacies.

Of the 25 pharmacies surveyed in rural Herat 19 (76%) sell OCs. In the Herat pharmaceutical wholesale district 9/10 wholesalers sell OCs. Of OC sellers (N=9) 8 sell two brands.

2.2 OC Brands Available

Kabul City and Provincial Pharmacies:

The following brands are sold in Kabul City and Provincial pharmacies (N=120):

Brand Name	No. of pharmacies selling	Source Country
Contraceptive LD	11	Iran
Contraceptive HD	4	Iran
Nova	6	Pakistan
Lofemenal	11	USA
Microgynon (SMP)	2	Canada
Familia 28	5	Pakistan
Lynestrenol	1	Iran
Other unbranded	5	

Samples of these and all contraceptives found on the market were purchased and are currently with the PSI office in Kabul.

One of the most commonly sold brands, Contraceptive LD is from Iran and therefore has Dari language on the packaging. None of the other brands have Dari or Pashtu on the

packaging or instructional insert. The survey found no cycles of Contraceptive HD, Contraceptive LD or Microgynon in the rural outlets.

Herat City and Herat Province:

The following brands were found in Herat City and Provincial pharmacies (N=194):

Brand Name	No. of pharmacies selling	% of pharmacies	Source Country
Contraceptive LD	136	70	Iran
Contraceptive HD	54	28	Iran
Nova	91	47	Pakistan
Lofemenal	1	1	USA
Microgynon (SMP)	32	34	Canada
Familia 28	0		Pakistan
Lynestrenol	9	46	Iran
Other unbranded	0		

All OC brands available in Herat City are also available in Kabul. Unsurprisingly an Iranian OC (Contraceptive LD) is the most available on the market, with a market share significantly greater than its next competitor, Nova. Contraceptive LD is sold in 87% of OC selling pharmacies in Herat City. Nova is significantly more available in Herat than it is in Kabul, which is unusual given that it is a Pakistani product. Fieldworkers found no unbranded products in Herat City.

In provincial pharmacies (N=25) Contraceptive LD and Nova are the only OCs available. Each commands an equal market share in rural areas of Herat.

2.3 Price, Mark-Ups and Sales Volumes

All of the brands listed for Herat and Kabul are sold as single cycles. The average cost of a cycle for the end user/customer is 11 Afs in Kabul (City and Province) and 9 Afs in Herat (City and Province). The average cost per cycle to the outlet from the wholesaler is 9 Afs in Kabul and 7-8 Afs in Herat. Wholesalers make a 20% mark-up on all oral contraceptives sold. In rural outlets retail cost to the end-user is marginally lower than in the city. Retailer mark-up is 20-25%. Wholesalers report selling between 30-300 cycles per week in Kabul and 120–550 cycles per week in Herat. The market for OCs is clearly more developed and prominent in Herat.

2.4 Quality

Fieldworkers purchased samples of products found during the survey. Packaging on most of the oral contraceptives found in this survey was in poor condition. Strips were punctured and pills were damaged or crushed in many cases. None of the OCs found had expired.

2.5 Herbal Based Contraceptives

Alongside regular monthly cycles of OC fieldworkers also found three kinds of post-coital/emergency contraception.

In Kabul, fieldworkers found *Jeewan Sathi* capsules. These capsules, ‘For a More Happy Family’ were manufactured by Happy Family Planning Project (regd.) Lahore Pakistan in July 01 2000. This herbal based pill should (apparently) be used within four years and is to be taken immediately after ‘menses’ or with milk two hours before breakfast. The second dose is to be taken the following day. According to the packaging, intercourse should be avoided 72 hours after taking the pills, which prevents pregnancy for one year. Diabetics are warned not to take the pills. The packaging is very low quality, and the language on the box (English) is hardly understandable. The scope of the study did not allow for the identification of sales volumes for this product.

In Herat the fieldworkers found two ‘authentic’ post coital (emergency) contraceptives:

- *Fertilan* (ethinylestradiol (0.05mg), levonorgestrel (0.25mg)) from Gedeon Richter LTD Budapest, Hungary and Postinor.
- *Levonorgestrel* 0.75mg, manufactured by the same company as above (this product mentions its the "Sole agent in Pakistan - Shaheen Agency, Karachi.").

As with *Jaween Sathi*, we were not able to gather data on sales volumes for either of these products.

3.0 The Injectable Contraceptive Market

3.1 Availability

As with oral contraception, injectable contraceptives (ICs) are only found in pharmacies.

Kabul:

Of the 91 pharmacies sampled in Kabul City 18% sell ICs. In rural outlets only 5 of 26 pharmacies interviewed (19%) sell ICs. In Parwan Hotel 5 of 19 wholesalers (26%) sell ICs.

Herat:

Of 169 pharmacies visited in Herat City 54 (32%) sell ICs. Only 2 outlets sell more than one brand. In rural Herat 14 of 25 pharmacies (56%) sell ICs – none sell more than one brand. Amongst the eleven wholesalers interviewed, 6 sell ICs.

3.2 IC Brands Available

Kabul:

The following brands were found in the Kabul City and Provincial pharmacies (N=120):

Brand Name	No. of pharmacies selling	Source Country
Depo Provera 150mg	22	Belgium and Holland

Nova 150mg	2	Pakistan
UN-MOPH Norigest 200mg	1	NGO
Other – unbranded	2	

Each of the brands listed above was packaged as a single vial. No ICs had expired. None of the IC brands found on the market have either Dari or Pashtu script on the packaging or instructional insert.

In rural outlets Depo Provera was the only brand of IC available.

Herat:

The following brands were found in the Herat City and Provincial pharmacies (N=194):

Brand Name	No. of pharmacies selling	Source Country
Depo Provera 150mg	8	Belgium and Holland
Nova 150mg	62	Pakistan

Each of the brands listed above was packaged as a single vial. No ICs had expired. As in Kabul, none of the IC brands found on the market have either Dari or Pashtu script on the packaging or instructional insert.

In rural outlets Nova is sold in all but one of the pharmacies selling ICs.

3.3 Price, Mark-Ups and Sales Volumes

In Kabul City retailers sell 1 vial of IC for an average price of 24 Afghanis/Vial. Retailers buy ICs from wholesalers in Parwan Hotel for 18 Afghanis/Vial. City pharmacists make a mark-up of 33% on ICs. They sell 2 vials per week on average. Rural pharmacies make a mark-up of 30-40 %, prices for ICs are much the same. Wholesalers make a mark-up of 10-15% on ICs and sell between 30-300 cycles per week.

In Herat City, retailers sell a vial of Nova for 25 Afs, and a vial of Depo.P. for 22 Afs. Nova costs 20-22 Afs for retailers to purchase and Depo.P. costs 18 Afs. Amongst city pharmacists the most common mark-up on one vial is 20-25%. They sell an average of 2 vials per week. In rural Herat the mark-ups are the same with sales per week of 1-2 vials. Wholesalers in Herat make a mark-up of 20% as they sell most commonly at 18 Afs and procure for 15 Afs. Wholesalers in Herat sell between 50-200 vials per week (however, one wholesaler reported sales of over 700 vials per week).

4.0 Unmet Retail Demand for Contraception

4.1 Kabul:

Of all outlets not selling any contraception in *Kabul City* (N=84) 80% report that customers ask them for contraception. Of the same sample sub-set of 84 non-sellers 64% report that they want to sell contraception – of these outlets: 72% want to sell condoms, 69% want to sell oral contraception, and 43% want to sell injectable contraception

Of all pharmacies not selling contraception in *Kabul City* (N=49) 90% report that customers ask them for contraception. Of the same sample sub-set of 49 non-sellers 67% report that they want to sell contraception – of these outlets: 57% want to sell condoms, 97% want to sell oral contraception, and 70% want to sell injectable contraception.

Of all outlets in rural areas (N=100) 68% do not sell any form of contraception. Of these, 35% report that customers ask for contraception and 40% would like to sell contraception. Of these 27 outlets that wish to sell contraception: 74% want to sell condoms, 37% want to sell oral contraception, and 37% want to sell injectable contraception.

Of all wholesalers interviewed in Parwan Hotel (N=19) 11 wholesalers do not sell contraception. Of these, 10 report that customers ask for contraception and 4 want to sell contraception. Of these 4 outlets all want to sell condoms, oral contraceptives and injectable contraceptives. Unstructured interviews with four wholesalers at Parwan Hotel indicated that wholesalers are unsure of whether selling contraception meets with MOH approval.

4.2 Herat:

Of all outlets not selling any contraception in Herat City (N=29) 93% report that customers ask them for contraception. Of the same sample sub-set of 29 non-sellers 96% report that they want to sell contraception – of these 28 outlets: 79% want to sell condoms, 75% want to sell oral contraception, and 68% want to sell injectable contraception

Of all pharmacies not selling contraception in *Herat City* (N=22) 90% report that customers ask them for contraception. Of the same sample sub-set of 22 non-sellers 95% report that they want to sell contraception – of these outlets: 71% want to sell condoms, 95% want to sell oral contraception, and 90% want to sell injectable contraception.

Of all outlets in rural areas of Herat (N.58) 32 (55%) do not sell any form of contraception. Of these none report that customers ask for contraception and none would like to sell contraception.

Of all wholesalers interviewed in Herat (N.11) only one does not sell any type of contraception. This wholesaler reports that he does have customers who ask for contraceptives and would like to sell condoms, oral contraceptives and injectable contraceptives.

5.0 Point of Sales Materials and Training

Fieldworkers were asked to note any supportive documents or point-of-sales materials visible in the outlets they visited. They were also ask to probe the interviewee regarding training to establish whether they had ever attended a training course by a company or NGO regarding any products they sell. The findings correlate with what the *PSI Feasibility Survey* found through semi-structured interviews with a selection of retailers and wholesalers in Kabul City, in April 2002.

None of the wholesalers and pharmacists that the assessment supervisors or fieldworkers visited during March 2003 had any supportive, promotional or point of sales materials or other

educational booklets or materials of any kind in their outlets. No pharmacists or wholesalers had received visits by salespersons from any companies and none had ever received any other kind of product support or training by any company or organization. Some wholesalers in Parwan Hotel had flip-chart calendars provided by Pakistani based pharmaceutical companies – but none displayed any products, or contained any information on products.

The most popular point of sales materials are flip-charts and stickers. Posters don't work as there is usually little wall space in pharmacies. Clocks are popular, as is any object that a pharmacist can present on his front counter – over which all purchases are made. Key-rings and pens are also popular, as are calculators. Pharmacists are less enthusiastic about caps and clothing in general.

APPENDIX.

- 1. Market Assessment Questionnaire**
- 2. Interview with Retail Pharmacist (Kabul, April, 2002)**
- 3. Summary of Semi-Structured: The Afghan Pharmaceutical Wholesale Network**
- 4. Rapid Assessment Market Survey: Findings from the April 2002 Assessment, Kabul City.**

Appendix Document 1.
Version

English

FP Pharmacy Survey
Kabul Province
March 2003

No. _____

District _____

Cluster Number _____

Type of Outlet Pharmacy ☐

Convenient Store/Kiosk ☐

Street Vendors ☐

Name of Outlet (if applicable) _____

PSI is a non-profit organization that will soon be working in Afghanistan to improve the health of low income people throughout the country. We would like to ask you a few questions about what products you sell in your outlet. The information we collect from you remains confidential and it will help us to work alongside outlets to better the health situation in Afghanistan.

Owner of outlet:

Yes ☐

No ☐

1. Do you sell any of the following products ? (Interviewer to purchase examples) (Prompt product type – explain type if necessary)

	Product Name/ Brand	Cost to Customer	Cost to Outlet	Source (country and wholesaler name)	Sales/ Week	Expiry Date	Language(s) on Packaging and Insert
Condoms							

OCs							
Injectable Contraception							

(If table above is empty continue with questionnaire – If this outlet does sell any contraceptives then stop interview here)

2. (If a non-seller of contraception) Have you ever sold contraception? Yes ☐ No ☐
3. Do your customers ask you for contraception? Yes ☐ No ☐
4. (if a non-seller of contraception) Would you like to sell condoms, OCs and ICs?
 Yes, I would like to sell contraception ☐ No, I would not like to sell contraception ☐

If yes, what types of contraception would you like to sell ?

Condoms ☐

OCs ☐

ICs ☐

Thankyou for answering these questions – thank you for your time.....END.

Appendix Document 2.

Note that the information in this interview was provided in April 2002 – some of the information may now be inaccurate.

Semi-structured interview Kh.Qesmat Pharmacy (Retailer) North Kabul City.

April 15, 2002

Background

The information in this document is the result of an interview conducted on April 15 with Khalil Qesmat, a forty year old who has been a pharmacist since 1981. Mr Qesmat proved useful in providing information about products available on the Kabul market, and the pharmaceutical distribution system in Kabul and its surrounding areas.

Previously Mr. Qesmat had owned a larger establishment just outside the south border of the city. Due to factional fighting he was forced into the city and into a smaller pharmacy. According to him many men began pharmacies during the Taliban period as it was accepted as an alternative to being recruited as a Taliban soldier. Mr Qesmat noted that many of these pharmacies still operate and the large majority of those persons running them have little or no idea of what the products they sell do. He estimated that 30-40% of these ‘new pharmacists’ are illiterate.

Product Availability

This pharmacy was well stocked with a range of products numbering between 70-100.

ORS -

There are a number of ORS brands available on the market. Mr Qesmat only sells one brand *Healer* from Pakistan. The packaging was split on nearly all of the sachets. One sachet costs the end user 4000 Afghanis (0.12 USD). Apparently government and NGO distributed sachets (free) that were at one stage sold by all pharmacies are less seen since the interim government has been in place.

OCs and injectables –

According to this pharmacist these products are illegal and therefore he does not sell them. He reports that he has seen condoms on the central market on street vendor stores.

Condoms -

This pharmacist reports that condoms first substantially appeared on the Afghan market during the Taliban occupation. They were generally sold discreetly even though the Taliban generally ignored their sale. Mr. Qesmat said that although high quality condoms imported from the US could be found on the market some years ago the only condoms now sold were of poor quality from Pakistan. Both the pharmacist and my interpreter stated the most prominent brand of the market as being *Sathi* the social marketed Pakistan brand : *“Sathi are available in shops all over town, I see these condoms regularly – particularly in general stores/shops (non-pharmaceutical outlets)”*.

Asked why condoms had appeared so prominently in Afghanistan over the past seven years Mr Qesmat stated: '*...it is the obligation of Afghan men to wear condoms – there is no alternative available to them*'. According to this pharmacist a packet of four condoms are sold for about 5-6000 Afghanis (about US \$0.15).

Oral and Injectable Contraceptives -

According to Qesmat it is illegal to sell either of these products. However, numerous individuals in the market place told us that they are widely available through pharmacies.

Malaria Prevention -

There was nothing for sale in this pharmacy although Qesmat informed us that products are available on the market, however, he believed that these products are mostly those given away free by the MOPH.

Multi-Vitamins and Iron Supplements -

A vast array of multi-vits and iron supplements are sold on the market. This pharmacy had a wide variety of both.

IUD -

According to this pharmacist IUDs do not exist in Afghanistan.

Source of Products

Pharmaceutical products come from Iran, Pakistan, India and a few European countries. Most products come from Pakistan and Iran. Iranian products are more popular with pharmacists and their clients because they are perceived as being of a higher quality.

Wholesale Activity and Presence in Kabul

Mr Qesmat uses 10-12 pharmaceutical wholesalers located in the Parwan Hotel complex of wholesalers in Kabul. According to him there exists no delivery/distributor system in Kabul.

Appendix Document 3

Note that the information in this interview was provided throughout April 2002 – some of the information may now be inaccurate.

A Summary of Semi-structured Interviews The Wholesale Network in Kabul

Summary:

Wholesalers in Kabul, numbering approximately 100, sell to all of the major markets in Afghanistan. Pakistan and Indian products are generally sold through wholesalers in Kabul and Qandahar and produce from Iran is distributed by wholesalers in Herat. Each wholesaler has about 25 clients in Kabul city and a variable number of clients in the major markets. The wholesalers group together in the city and bid against each other for clients outside Kabul consistently trying to offer the best prices and win the greatest number of clients.

Many wholesalers don't like to sell Pakistan goods. They report that there is little demand as they and their clients consider the products to be of poor quality. According to more than one wholesaler there are many pharmacists who refuse to sell Pakistani produce.

In terms of distributors the picture is mixed at best. It was incredibly difficult to get the most basic information from the wholesalers regarding the source of their products – one suspects that they are concerned that the government will tax them on currently untaxed black-market products. It appears that those wholesalers that don't purchase products through the formal government channels, are either using a whole range of different distributors or, more than likely, are purchasing a lot of their products on the black market. This assessment came up with very little in terms of names and addresses of distributors.

It may be worthwhile enquiring amongst the larger Pakistani distributors whether they distribute to the government or wholesalers in Afghanistan.

The wholesalers we spoke to in Kabul also provided useful information on point-of-purchase materials. None of the wholesalers and pharmacists that we visited over the month of April 2002 had any supportive, promotional or point of sales materials or other educational booklets or materials of any kind in their outlets. No pharmacists or wholesalers had received visits by salespersons from any companies and none had ever received any other kind of product support or training by any company or organization.

Appendix Document 4.

Rapid Assessment

Market Survey

Kabul City, April 18-20, 2002

Background

As a component of the PSI social marketing feasibility survey for Afghanistan a market survey was conducted in Kabul City between April 18-20, 2002. The survey was designed to collect information pertaining to availability, cost, and source of pharmaceutical products from pharmacies, wholesalers and the central market.

Methodology

This study combined quantitative and qualitative research techniques (questionnaire, in-formal interview and in-depth interviews) to obtain information. There were three components to the study:

1. A single fieldworker visited 40 pharmacies in 5 districts of Kabul city over a period of two days. The questionnaire was administered to the manager/owner of each pharmacy whenever possible. The fieldworker mapped locations of pharmacies visited (see map of Kabul attached).

Anecdotal reports suggested that condoms were available in Kabul. The fieldworker administering questionnaires for the pharmacy study complemented fieldwork with an investigation into the availability of condoms in the central bazaar/market place, in Kabul. The findings of this investigation are included in this report.

2. An in-depth interview was conducted with a pharmacist in central Kabul. This component of the research investigated the areas already outlined and also sought information on the distribution

system of pharmaceutical products in Afghanistan and a range of information on the pharmacy network.

3. An in-depth interview was conducted with a wholesaler in North Kabul. Information on the Afghan wholesale and distribution system, and source of products was obtained from the interview.

Key Findings

Product Availability, Cost and Source

- **ORS** – two brands available:
 1. *Werisol* - made by Werrick Pharmaceuticals in Islamabad, Pakistan.
 2. *Healer* - made by Healer Lab, Peshawar, Pakistan

Werisol is of better quality – confirming what most pharmacies report – that products made in Islamabad and Karachi are of better quality than products manufactured in other cities in Pakistan.

Other ORS reportedly sold in other pharmacies : *Pedialyle (German)*, *Solution Abbott(Pakistan)* (sp.?), *Davis Pharma (Pakistan)*, *Glaxo (Pakistan)*, *Orsal (Pakistan)* and *Sear(Pakistan)*. Having found none of these brands on the market over the two week period of the SM assessment, one could assume that sales volumes and availability is limited (in Kabul at least).

Costs for the two brands found vary significantly throughout the city. The further away from the centre the lower the price. The differences in price are quite stark falling to 60% of the prices in the centre of the city in district pharmacies 2-3km from the centre of the city. This probably doesn't reflect prices in rural areas as transport costs to rural locations will hike prices above those in peri-urban districts.

- **Multivitamins** – there were eight brands found during this study. Most pharmacists estimate that there are over 20 different brands available on the Afghan market. Iran is the major source for multivitamins in Afghanistan – followed by India and Germany. Prices vary considerably between different tablets and syrups. A much more comprehensive study is necessary to establish whether prices recorded in this study are applicable to the entire market (this sample size is not great enough to make assumptions – particularly with so many different brands available). The cheapest multivitamins found on this survey were *M-minerals (India)* at 5 Pak Rupees (0.08 USD) for 10 tablets. All multi-vitamins found were within their expiry date.
- **Iron Supplements** – Much like the multi-vitamins there seems to be a wide range of iron tablets and syrups on the market. The study found that products come from Ireland, Iran, UK and Germany and prices vary from 4-6000 Afghanis (0.15-0.20 USD) for 30 tablets. Syrup costs between 20-30,000 Afghanis (0.60 – 0.90 USD) for 120-200ml. All iron supplements found were within their expiry date.

- **Malaria Prevention Products** – *Chloroquine* is available for 4-6 rupees (0.08-0.12 USD) for 10 tablets. Some of it is out of date (one packet purchased expired in 1983!). Almost all pharmacies sell this drug. It is imported from Pakistan and Iran.
The only other drug found was *Fansidar*, made by Roache in Pakistan. Fansidar is marginally cheaper than Chloroquine with marginally less availability. Also reported by pharmacies as being available is *Primaquin* from Iran. This sells at 500 Afghanis (0.015 USD) per tablet.

- **Condoms** – according to all pharmacists visited (N=20) it is illegal to sell condoms in pharmacies. This being the case the study found little available on the market. One wholesaler visited was selling *Sathi* for 8000 Afghanis (0.30 USD or 18 Pak Rupee).

In the central market of Kabul at least three shops sold *Sathi* condoms. Prices range from 5-8000 Afghanis (0.20-0.30 USD) for a packet of four. However, the packet we were sold only contained three condoms. Lot Nos. 8L31 (P10) and 0105031116 were found on the market.

- **OCs and Injectables** – according to pharmacists it is illegal to sell either. The injectable *Deperovera* (Pakistan) was found in one pharmacy selling for 17000 Afghanis (0.60 USD) for one injection. A cycle of OC *Constivie* (Iran) costs 7000-9000 Afghanis (0.25-0.30 USD). Four pharmacies sold over 15 cycles each per week of this OC.
- **Water Purification Products** - were found in one pharmacy costing 500 Afghanis (0.015 USD) per tablet. These tablets are apparently made in Afghanistan. The pharmacist had run out of stock and could not provide us with an example.

Other Key Findings

- Mark-ups or sales margins for pharmacies are between 10-20%
- 15 out of 20 pharmacists have never received any medical training. All of them want to be trained.
- Unsurprisingly, wholesalers report the percentage of female clients as being between 0-3%. On average pharmacists interviewed on this study report that 40-50% of pharmacy customers are women. Some reported that 70% of customers are women.
- 7/20 pharmacies have their own in-house doctor who will counsel customers and is authorized to write prescriptions.
- Most pharmacists who give medical information to their customers do not have information to give to mothers or pregnant women. Only three pharmacists give information to women (despite having such a significant percentage of female customers (40-70%)).

